

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HOUSE BACKPAC**A.** Full Name (Last, First, Middle Initial)
BILL OWENS FOR CONGRESS

Mailing Address PO Box 1575

City State Zip Code
Plattsburgh NY 12901Purpose of Disbursement
ContributionCandidate Name
WILLIAM OWENSCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 23

Transaction ID: SB23.4594

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	0		2	0	0	9

Amount of Each Disbursement this Period

1000.00									
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B. Full Name (Last, First, Middle Initial)
BRIGHT FOR CONGRESS.COM

Mailing Address P.O.Box 2106

City State Zip Code
Montgomery AL 36102Purpose of Disbursement
ContributionCandidate Name
BOBBY NEAL SR BRIGHTCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: AL District: 02

Transaction ID: SB23.4584

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	0		2	0	0	9

Amount of Each Disbursement this Period

1000.00									
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C. Full Name (Last, First, Middle Initial)
CAROL SHEA-PORTER FOR CONGRESS

Mailing Address PO Box 453

City State Zip Code
Rochester NH 03866Purpose of Disbursement
ContributionCandidate Name
CAROL SHEA-PORTERCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: NH District: 01

Transaction ID: SB23.4585

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	0		2	0	0	9

Amount of Each Disbursement this Period

1000.00									
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SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)